

MR. B'S BASKETBALL CAMP

LOCATION: VALLEY VIEW MIDDLE SCHOOL GYMNASIUM
AGE/GENDER: BOYS/GIRLS ENTERING 2ND THROUGH 7TH GRADE
WHEN: JULY 25TH – JULY 29TH
TIME: EARLY DROP OFFS BEGIN AT 8:30 A.M.
CAMP RUNS FROM 9:00 A.M. – 1:00 A.M.
COST: \$235

TEACHING OBJECTIVE: The campers will be taught the rules and fundamentals of the game through drills, game situations, and actual games. The instruction each day will focus on numerous skills including, man to man defense, zone defense, ball handling, passing, lay-ups, shooting, screening, how to use a screen, court awareness/spacing, and communication. There will also be contests each day focusing on a particular skill, or game, with trophies handed out at the end of camp. Additionally, campers will be shown conditioning exercises designed to improve motor skills and athleticism.

CAMP PHILOSOPHY: Instruction, fun, fitness, skill development, sportsmanship.

CAMP DIRECTOR: Matt Buglovsky, Health and Physical Education teacher, Head Boys' Basketball Coach at Valley View Middle School.

CAMP STAFF: Past and present Valley View Basketball players

****Campers can bring their own lunch or snacks to camp. Lunch will be ****
everyday from 11:00-11:30. Camp will offer pizza, drinks, and snacks to purchase
each day.

REGISTRATION FORM TO BE FILLED OUT ON BACK

2016 CAMPER REGISTRATION

NAME_____

AGE _____ EMERGENCY CONTACT_____

ADDRESS_____

EMAIL _____ SHIRT SIZE_____

REGISTRATIONS SHOULD BE MAILED BY JULY 15TH TO GET AN ACCURATE
NUMBER OF CAMPERS ATTENDING. PLEASE MAIL REGISTRATIONS TO:

CHECKS PAYABLE TO:

MATT BUGLOVSKY
202 KINGWOOD LOCKTOWN ROAD
STOCKTON, NJ 08559

ANY QUESTIONS REGARDING CAMP SHOULD BE EMAILED TO
MRBSBASEBALLCAMP@YAHOO.COM

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Health Certification Statement: I hereby certify that my son/daughter is in good physical
health and may participate in all camp athletic activities.

Parents Signature _____ Date _____

This permission also constitutes release of liability on the part of the Borough of Watchung /Watchung Recreation
and Mr. B's Camp and staff/or any of their employees for any accident, injury or any damage or loss incurred
during this activity or any part of this program.

Furthermore, my signature authorizes the camp staff to act using their best judgment in any emergency
requiring medical attention.

I hereby give my child permission to participate in this program.